

**Individual Rehabilitation Supports
Progress Summary Note (Monthly Summary)**

Month:

Year:

Name:

(Mark at least one item in each category):

Health Status:

☐ Good

☐ Fair

☐ Poor

Status of Community Living Skills:

☐ Good

☐ Fair

☐ Poor

Monthly Summary:

or RSS) Signature

Lead Clinical Staff Signature

____/____/____
Date Reviewed

Trainer (LST